



# WEST VIRGINIA BOARD OF PHARMACY

## CONTROLLED SUBSTANCES MONITORING PROGRAM

### 2016 Annual Report

DEF\_WV\_Trial\_00023063

DEF-WV-02906.00001

DEF-WV-02906

## **2016 CONTROLLED SUBSTANCE MONITORING PROGRAM HIGHLIGHTS**

- ❖ The number of controlled substance doses West Virginia patients received last year was 12.69 million less than in 2015, and that number has declined by almost 30 Million over the past five years
- ❖ The powerful opioid hydrocodone has shown the sharpest decline with a 40% reduction over that five year period
- ❖ There has been a 75% reduction in the number of multiple provider episodes, or MPE's, over the last 2 years (MPE's are patients obtaining drugs from multiple doctors and multiple pharmacies, all in a short period of time)
- ❖ Morphine Equivalent Daily Dose (MEDD/MME) reporting function began July 28<sup>th</sup>, giving practitioners a tool to assess the level of their patient's opioid medications
- ❖ Gabapentin related overdose deaths are on the rise
- ❖ The number of active Controlled Substances Monitoring Program (CSMP) users has more than doubled in the last two years, and utilization of the CSMP continues to grow
- ❖ The CSMP recently began collecting opioid antagonist dispensing data, which includes the life-saving product Narcan
- ❖ Currently sharing prescription data with the border states OH, VA, MD and KY (PA should be available early next year), also 11 additional states, with more to be connected soon
- ❖ Advisory and Database Review Committees meet regularly, and continue to monitor and assess PMP data, to proactively address potential drug diversion activities and to find ways to reduce the State's drug overdose problem
- ❖ CSMP Database Review Committee reviewed 912 drug related overdose deaths, and sent out over 400 notifications to involved prescribers, and included 91 referrals to licensing boards, law enforcement officials and federal and county prosecutors for further investigation
- ❖ 2015 West Virginia drug overdose deaths were a record high (730), but hydrocodone and oxycodone related deaths are down, being replaced by heroin
- ❖ WV tops many lists related to drug overdose deaths, but we are actually average or relatively low in other categories, like average daily MME's (Morphine Milligram Equivalent) and % of patients receiving over 100 MME's daily

# **WEST VIRGINIA CONTROLLED SUBSTANCES**

## **MONITORING PROGRAM**

### **2016 ANNUAL REPORT**

#### **Introduction**

The West Virginia Controlled Substances Monitoring Program (CSMP) is a central repository, maintained by the West Virginia Board of Pharmacy, for collected data related to the prescription and dispensing of all Schedule II, II and IV controlled substances. As required by §60A-9-5, this report is intended to give a brief history of the monitoring program, including the Advisory and the Database Review Committees, highlighting the accomplishments of the CSMP, providing general and statistical information regarding CSMP data and to also recommend legislation to enhance and improve the CSMP and its use.

#### **West Virginia's CSMP Reporting**

Each time a controlled substance is dispensed to an individual in West Virginia, it must be reported to the CSMP by the medical services provider as soon as possible, within 24 hours. The dispensing report includes information about the patient, the prescriber who wrote the prescription, the pharmacy that filled the prescription, the product dispensed and the prescription (prescription #, no. doses, refills, form of payment, etc.). The CSMP collects information on approximately five million controlled substance dispensings each year. Beginning in June of this year, the CSMP also began collecting dispensing data for opioid antagonist products, such as Narcan. Contracts with Mahantech Corporation are in place to administer the CSMP and to manage the collection of this data, and provide access for authorized users. Board-employed program staff, consisting of an administrator and a clerk, oversees the day-to-day operation of the CSMP, act as liaisons with the software vendor, seek out and maintain grant funding to support the CSMP and provide administrative support to the West Virginia Board of Pharmacy.

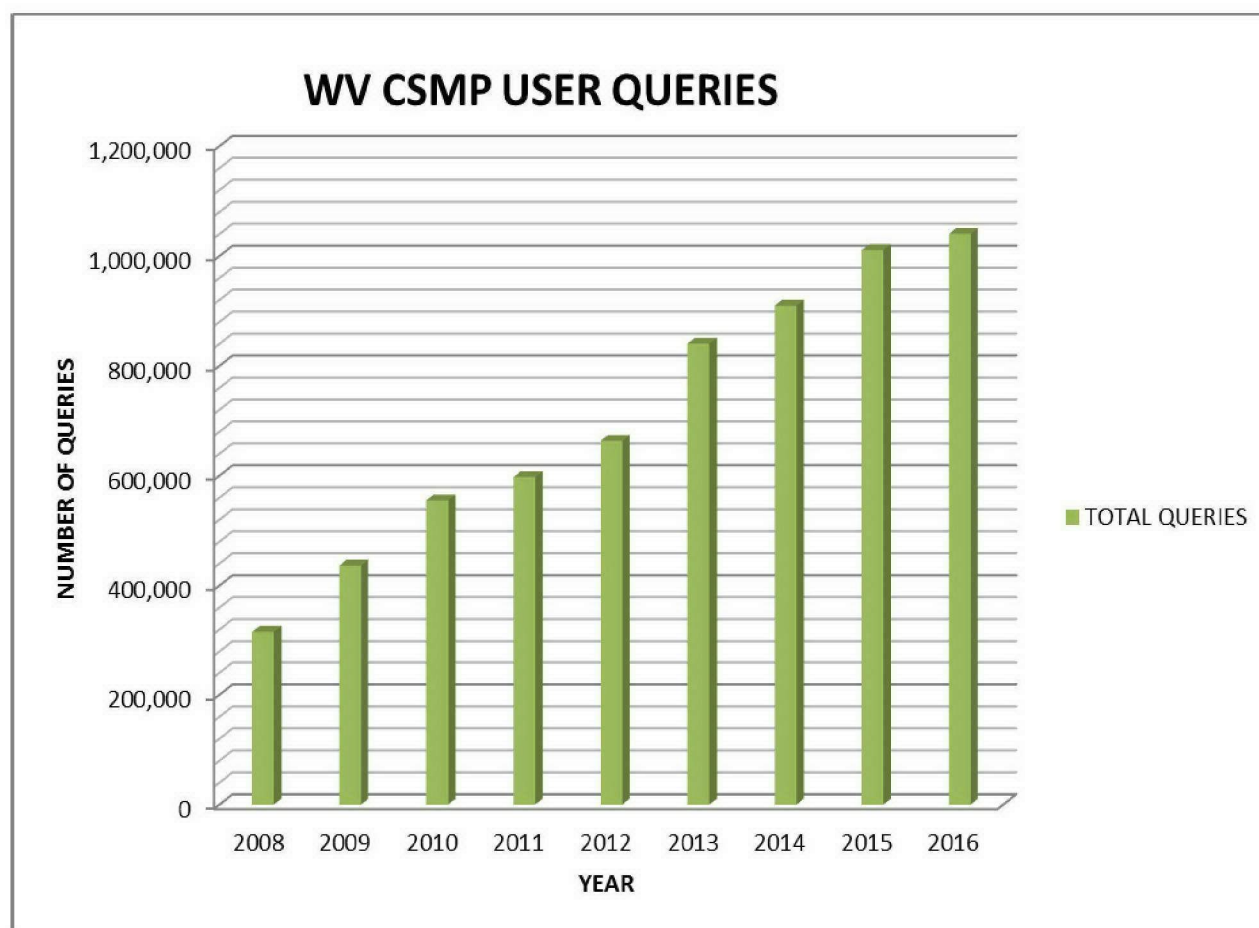
The CSMP then offers direct, internet-based, electronic access to this data, primarily for practitioners for purposes of patient treatment. The information in the system is also open to inspection for specific investigations by authorized law enforcement officials, duly authorized agents of licensing boards of practitioners, duly authorized agents of the Office of the Chief Medical Examiner (OCME), duly authorized agents of Bureau of Medical



Services and persons with an enforceable court order. The number of users continues to increase (See Figure 1). Utilization by all types of users has also risen tremendously over the last several years (See Figure 2).

CSMP USER TYPE	2014 Active Users	2015 Active Users	2016 Active Users
Prescribers	2,537	3,814	6,618
Dispensers	1,515	2,214	3,359
Dispensing Prescribers	93	153	253
Law Enforcement	43	51	71
Other	22	107	52
Total	4,210	6,339	10,353

**Figure 1**

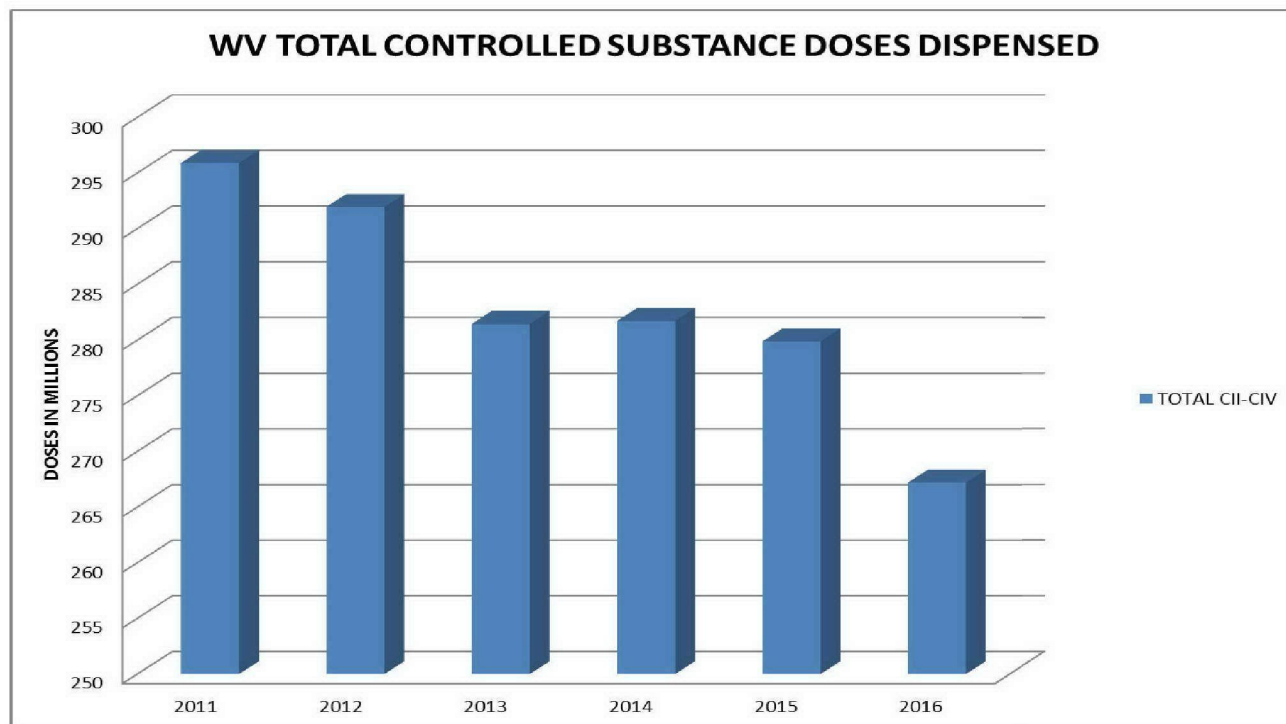


**Figure 2**



### CSMP Dispensing Statistics

Overall dosage unit dispensing numbers have declined over the last several years (See Figure 3). The top 12 products by number of doses dispensed is listed in Figure 4. The Schedule II opioid Hydrocodone has seen the most significant drop in numbers in West Virginia in past years, with a decrease of over 12 million doses from 2014 to 2015. Tramadol, a schedule IV analgesic, seems to be a safer replacement for the much stronger hydrocodone (See Figure 5). Figures 6 & 7 show trending for a number of other drugs.



**Figure 3**

### WEST VIRGINIA 2016 CONTROLLED SUBSTANCE DOSES

Rank	Drug Category	Schedule	No. Dispensed
1.	Hydrocodone Products	II	60.15 Million
2.	Oxycodone Products	II	36.18 Million
3.	Tramadol Products	IV	35.68 Million
4.	Alprazolam Products	IV	32.14 Million
5.	Clonazepam Products	IV	17.39 Million
6.	Lorazepam Products	IV	15.83 Million
7.	Diazepam Products	IV	8.83 Million
8.	Zolpidem Products	IV	8.22 Million
9.	Amphetamine Products	II	7.82 Million
10.	Buprenorphine Products	III	7.12 Million
11.	Methylphenidate Products	II	4.74 Million
12.	Codeine Products	III	4.56 Million
	<u>All Other Products</u>	<u>II-IV</u>	<u>28.54 Million</u>
	<b>TOTAL</b>	<b>II-IV</b>	<b>267.2 Million</b>

**Figure 4**

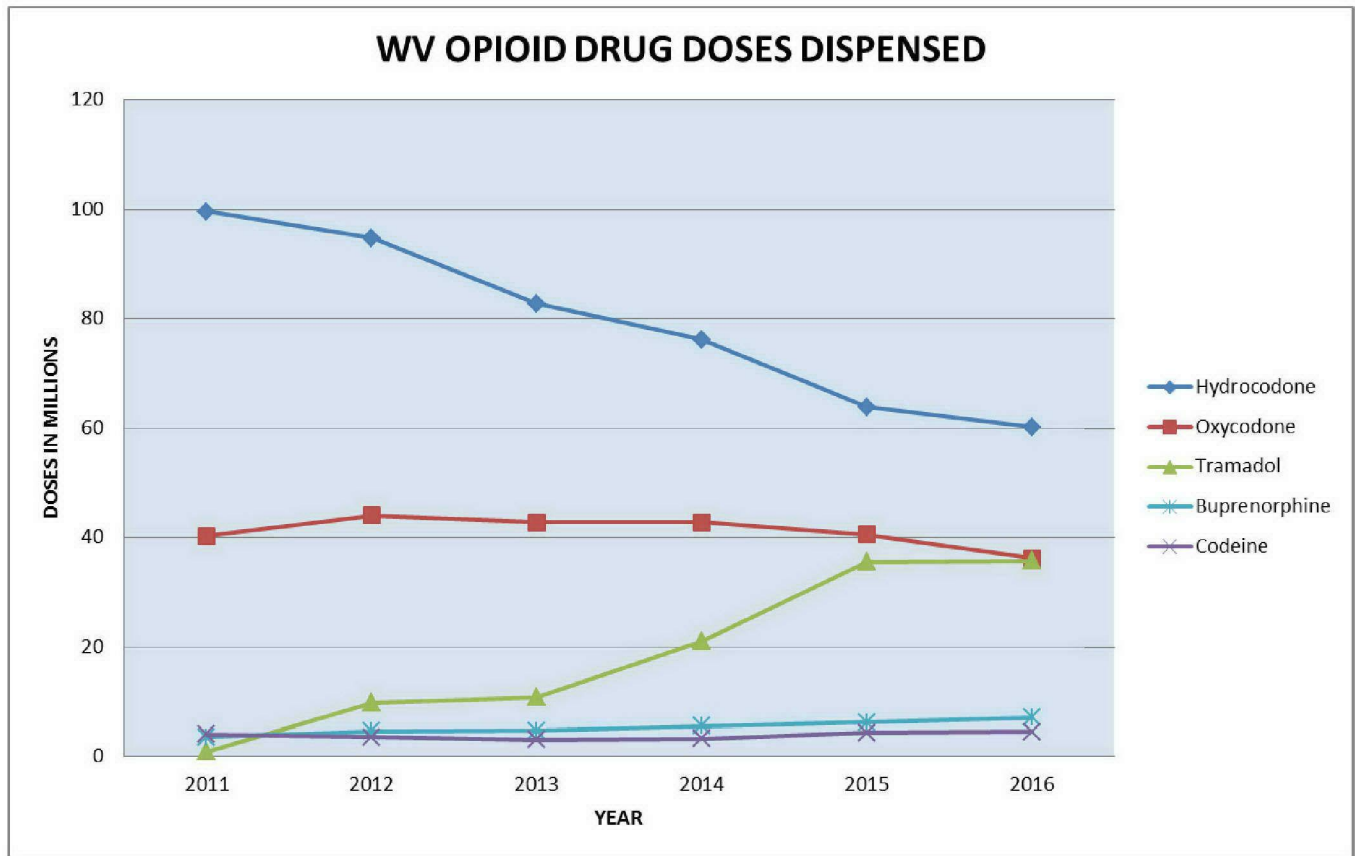


Figure 5

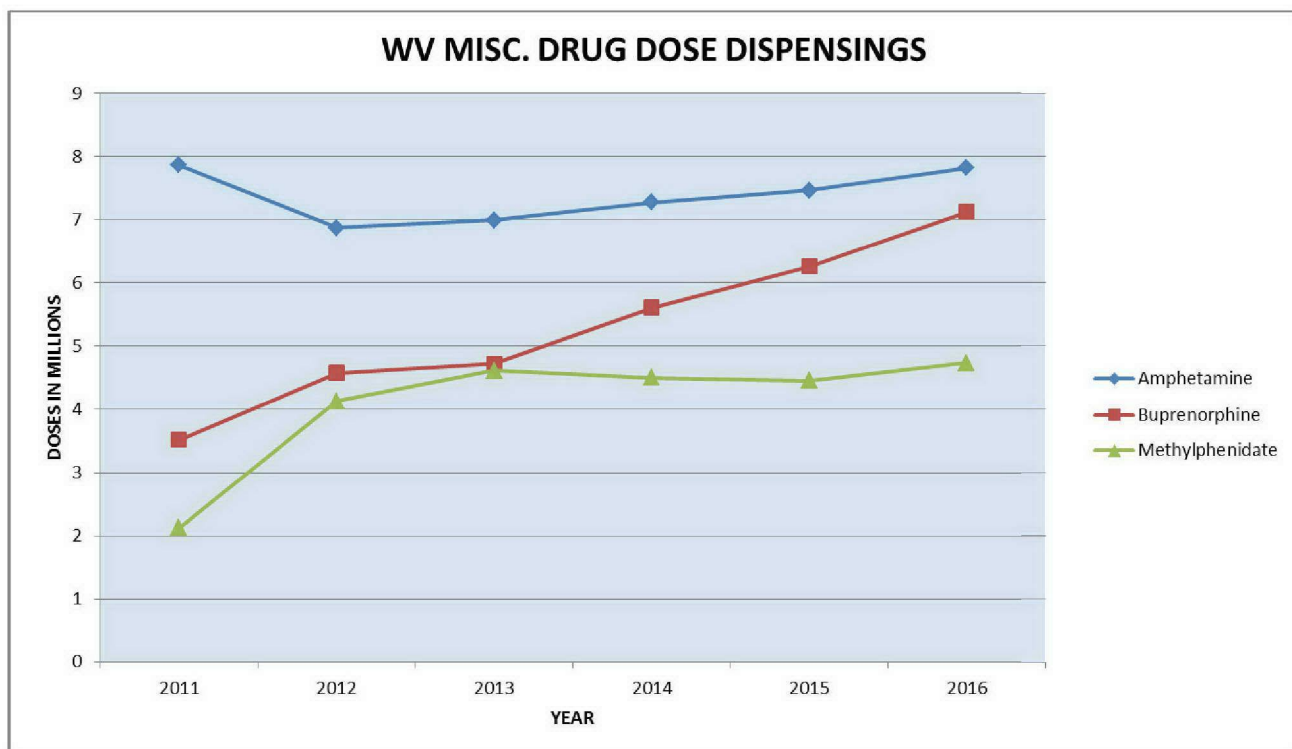
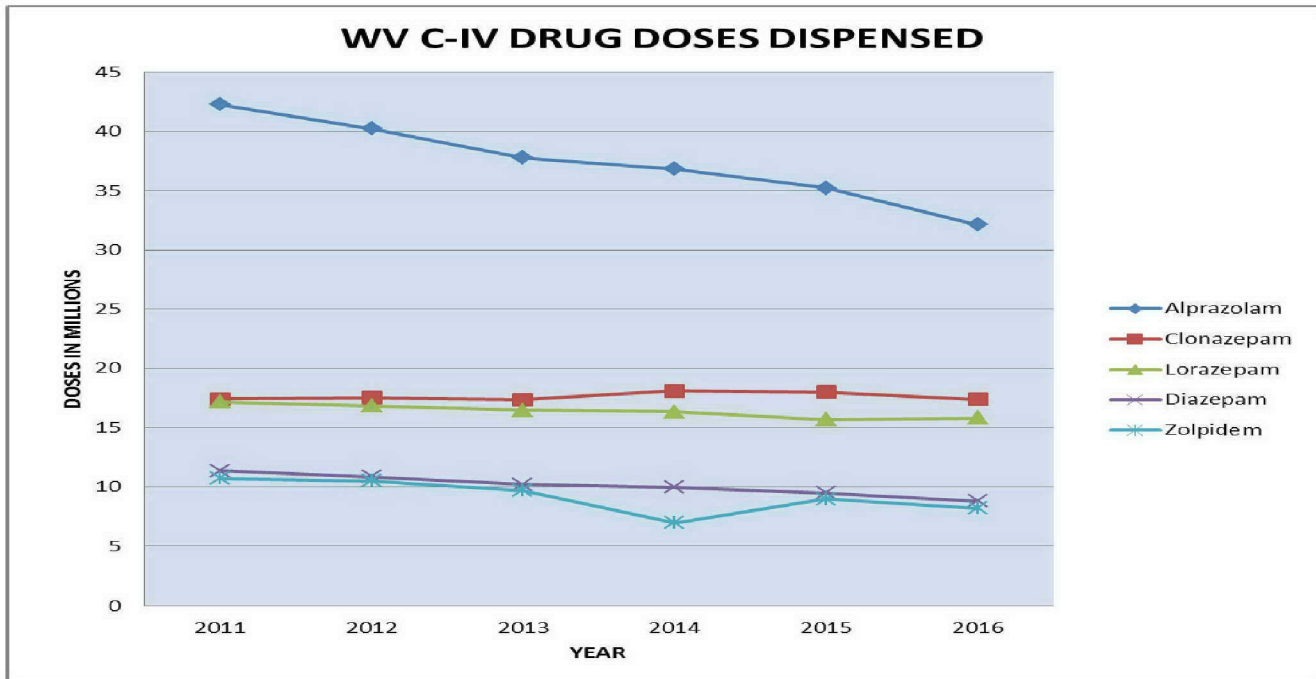


Figure 6



**Figure 7**

### Interstate Data Sharing

In March of 2014, West Virginia successfully deployed its interface with the Prescription Monitoring Program Interconnect (PMPI). PMPI is a data sharing hub, through which authorized users from one state are permitted to obtain patient information from other participating states through their home PMP. West Virginia is currently sharing prescription data with our border states Virginia, Ohio, Kentucky and Maryland (Pennsylvania is anticipated early 2017 once their system is fully functional). We are also sharing data with South Carolina, Connecticut, Indiana, Arizona, Nevada, Kansas, New Mexico, Massachusetts, New York, Minnesota and Colorado. We are actively working toward connecting with a number of other states.

### Advisory and Database Review Committees

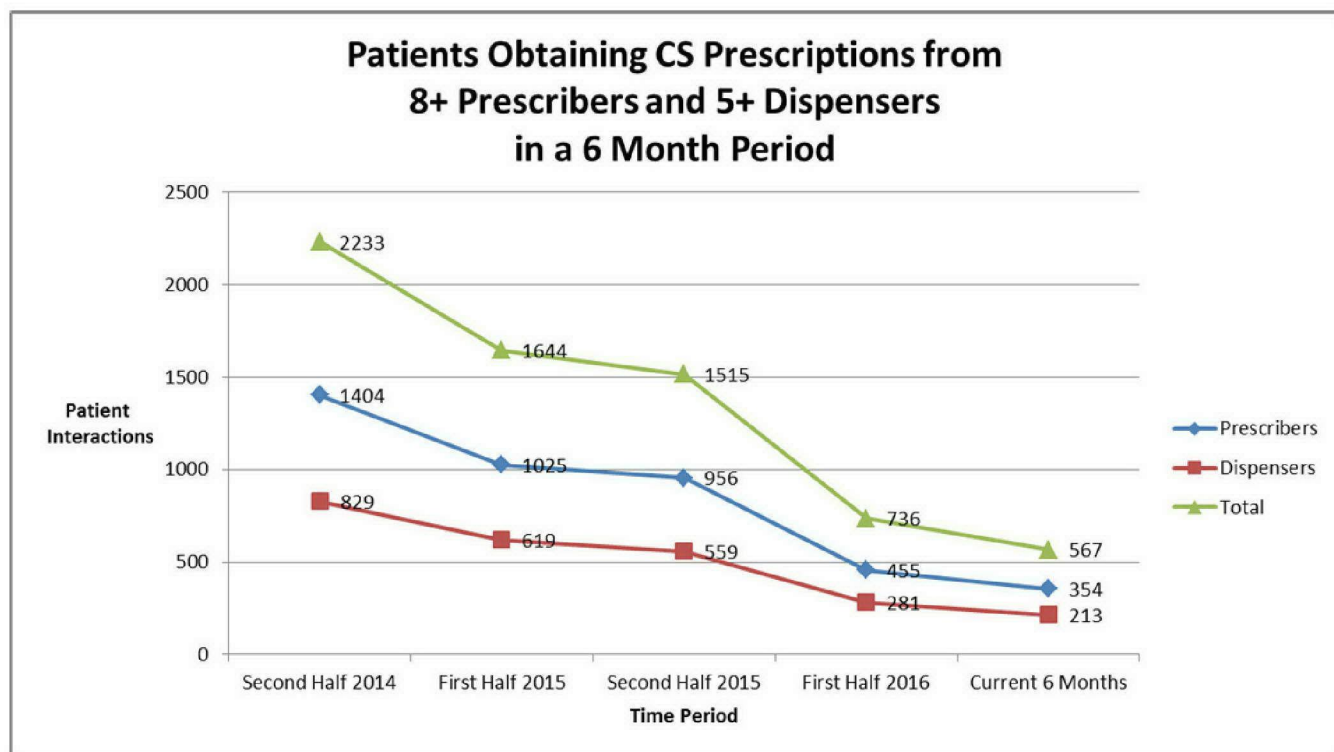
Senate Bill 437 (Regular 2012 Legislative Session) was created to address the prescription drug diversion and substance abuse related problems in West Virginia. Some major components of that bill involve the WV Controlled Substances Monitoring Program (CSMP) and the tracking of prescription drug related activities, including those related to overdose deaths. These key components have been utilized in attempt to reduce prescription drug diversion, inappropriate activities by patients, doctors and pharmacists, and to reduce the number of prescription drug related overdoses. As created by this bill, the Controlled Substances Monitoring Program Advisory Committee and the Controlled Substances Monitoring Program Database Review Committee



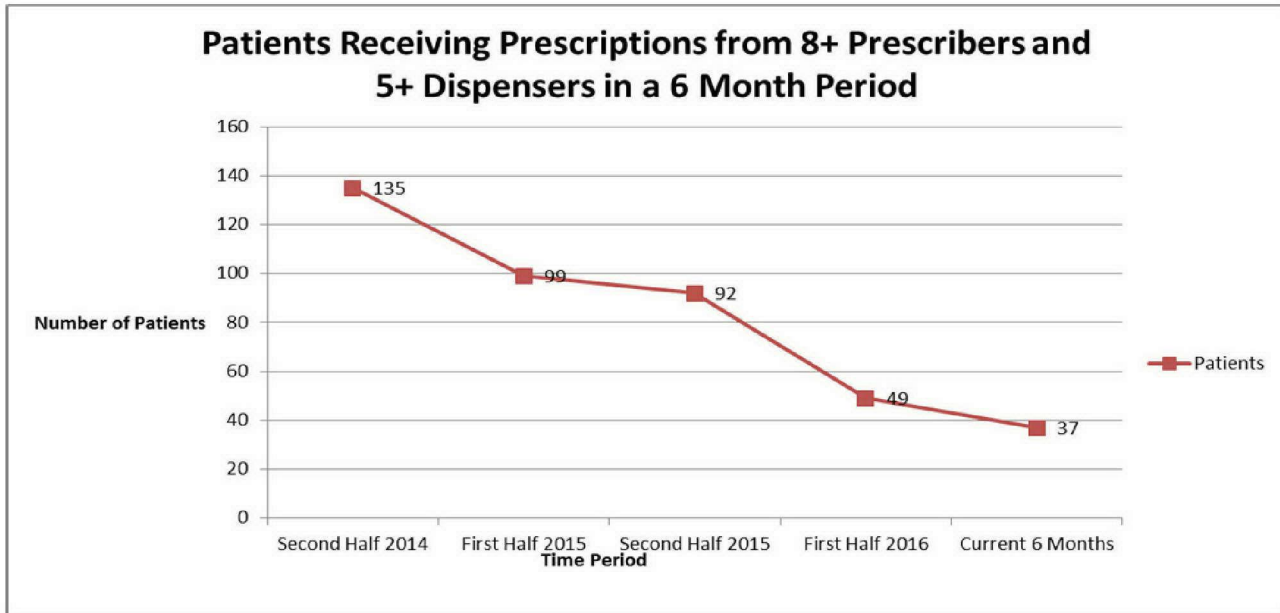
have been actively trying to address some of these issues in this state through use of the CSMP and the vast amount of useful data it contains.

The CSMP Advisory Committee looks at various patient and practitioner parameters, to determine what data is useful in identifying concerning, dangerous and potentially illegal activity. These parameters are used to detect abnormal or unusual patient patterns, as well as focusing on possible prescribing and dispensing issues with practitioners. A number of CSMP reports have been created to try and isolate concerning activities, such as excessive prescriptions, large percentages of cash transactions, doctor shopping, morphine milligram equivalent doses, etc. This committee has also suggested a number of rules, and have recommended educational and research topics, in order to try and limit the improper use of prescription drugs, to reduce inappropriate prescribing and dispensing of those drugs, and to facilitate the use of the CSMP.

The Database Review Committee evaluates those who have been identified as outliers to decide appropriate action. Individual patients, prescribers or dispensers that warrant additional scrutiny are being pursued in a number of ways. One activity the committee regularly monitors is Multiple Provider Episodes (MPE's). MPE's are defined as when a patient is obtaining controlled substance prescriptions from multiple physicians, and visiting multiple pharmacies to get them filled, all in a relatively short period of time. Every six months, notifications are sent out to the doctors and pharmacists, regarding their specific patients who are exhibiting this MPE behavior (currently 8 different physicians and 5 different pharmacies in a six month period). As a result, the number of individuals identified has dropped off significantly, and continues to decline (see Figures 8 & 9).



**Figure 8**



**Figure 9**

The Database Review Committee also receives and evaluates drug-overdose related death reports from the Office of the Chief Medical Examiner (OCME), and the corresponding CSMP data, relating to hundreds of West Virginia deaths each year. On a case-by-case basis, this committee evaluates this information and must determine if there is a reasonable cause to believe that there has been a breach of professional standard, or a criminal act, involving prescribing and/or dispensing of Schedule II –IV Controlled Substances in these deaths. If so, referrals to licensing boards and law enforcement (including county and federal prosecutors) for further evaluation may be warranted. In every death, where CSMP data indicates a current prescription for any of the drugs listed in the OCME report, a notification is sent to each prescriber who issued that prescription, including the decedent information and the list of drugs involved in the death. Figure 10 lists some the committee's activity.

❖ Practitioner Notifications Regarding MPE Patients	1,710
❖ Drug Overdose Deaths Reviewed	912
❖ Practitioner Notifications Regarding Overdose Deaths	429
❖ Referrals to Law Enforcement Regarding Overdose Deaths	64
❖ Referrals to Licensing Boards Regarding Overdose Deaths	27

**Figure 10**

Recommendations by the Advisory and Database Review Committees for legislation include more mandated use of the CSMP when physicians are prescribing pain medications, making gabapentin a schedule IV controlled substance, allowing physicians to monitor CSMP activity of the mid-level prescribers that they supervise and including schedule V products in the CSMP.

### West Virginia Drug Overdoses

West Virginia continues to lead the nation in the number of drug related overdoses per capita (Figure 11 shows the latest CDC data). The 731 drug overdose deaths reported in 2015 was a record high for the state, but 2016 numbers are on pace to surpass that total. Heroin and fentanyl deaths are largely responsible for the rise over the last couple years. Although the total number of deaths continues to rise, the deaths involving the primary prescription opioids hydrocodone and oxycodone are on the decline (See Figure 12). There has also been an increase in the number of gabapentin involved deaths (See Figure 13).

#### Deaths Due to Drug Overdose with Rates

United States by State, 2015

Source: CDC Wonder (see notes below)

Rank	State	Deaths	Population	Age Adjusted Rate per 100,000
1	West Virginia	725	1,844,128	41.5
2	New Hampshire	422	1,330,608	34.3
3	Ohio	3,310	11,613,423	29.9
4	Kentucky	1,273	4,425,092	29.9
5	Rhode Island	310	1,056,298	28.2
6	Pennsylvania	3,264	12,802,503	26.3
7	Massachusetts	1,724	6,794,422	25.7
8	New Mexico	501	2,085,109	25.3
9	Utah	646	2,995,919	23.4
10	Tennessee	1,457	6,600,299	22.2
11	Connecticut	800	3,590,886	22.1
12	Delaware	198	945,934	22.0
13	Maine	269	1,329,328	21.2
14	Maryland	1,285	6,006,401	20.9
15	Nevada	619	2,890,845	20.4
16	Michigan	1,980	9,922,576	20.4
17	Indiana	1,245	6,619,680	19.5
18	Louisiana	861	4,670,724	19.0
19	Arizona	1,274	6,828,065	19.0
20	Oklahoma	725	3,911,338	19.0

**Figure 11**



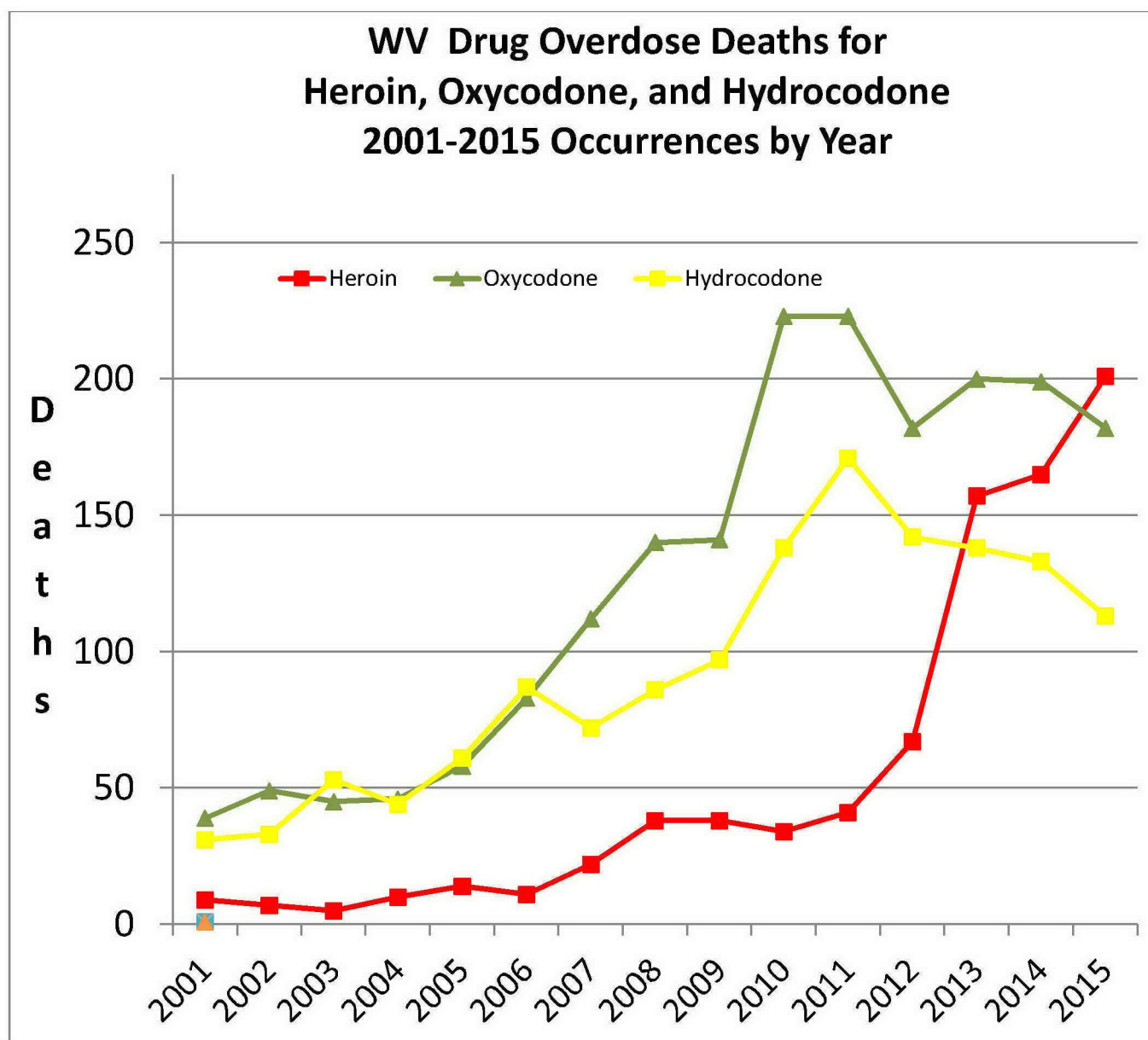
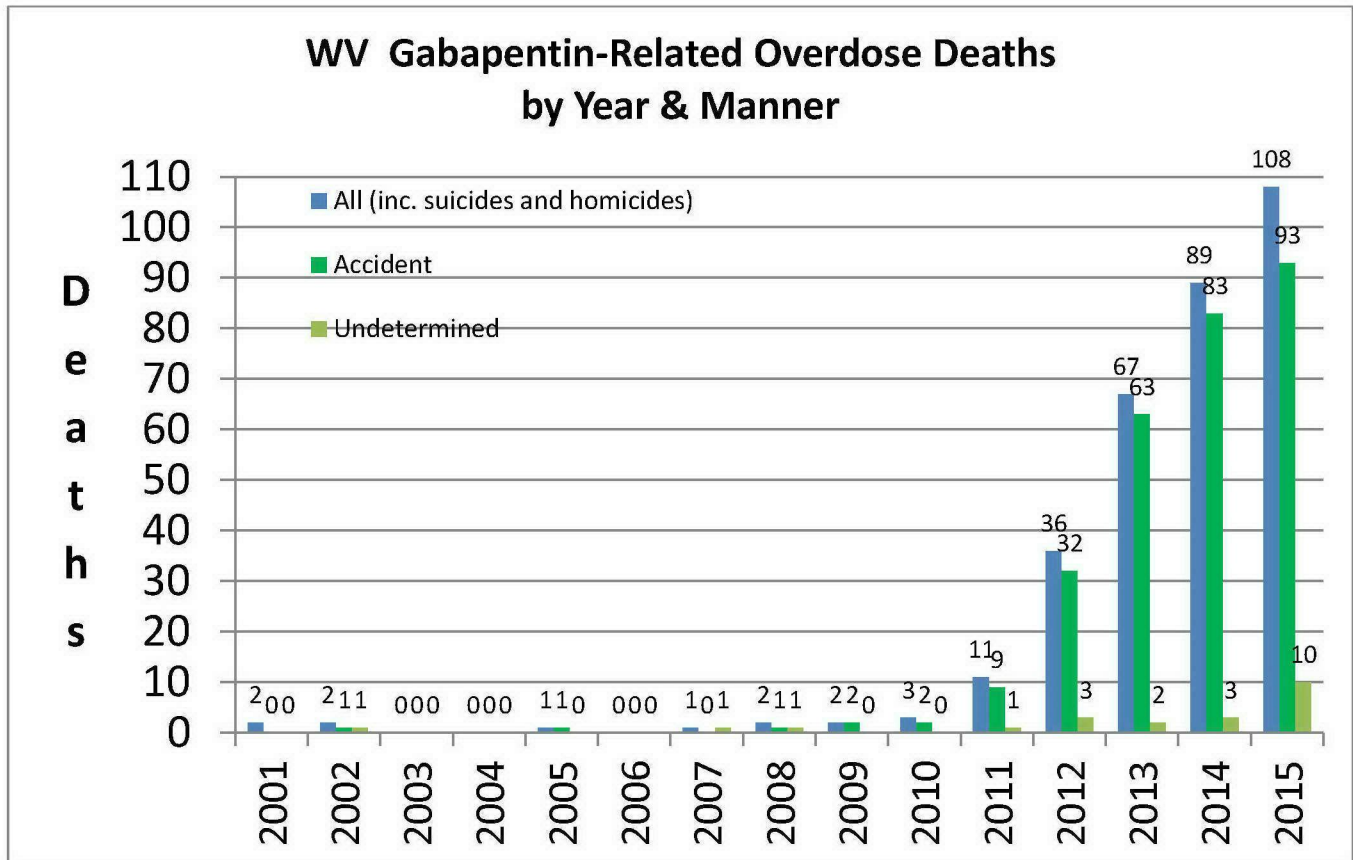


Figure 12

**Figure 13**

### Federal Grant Opportunities

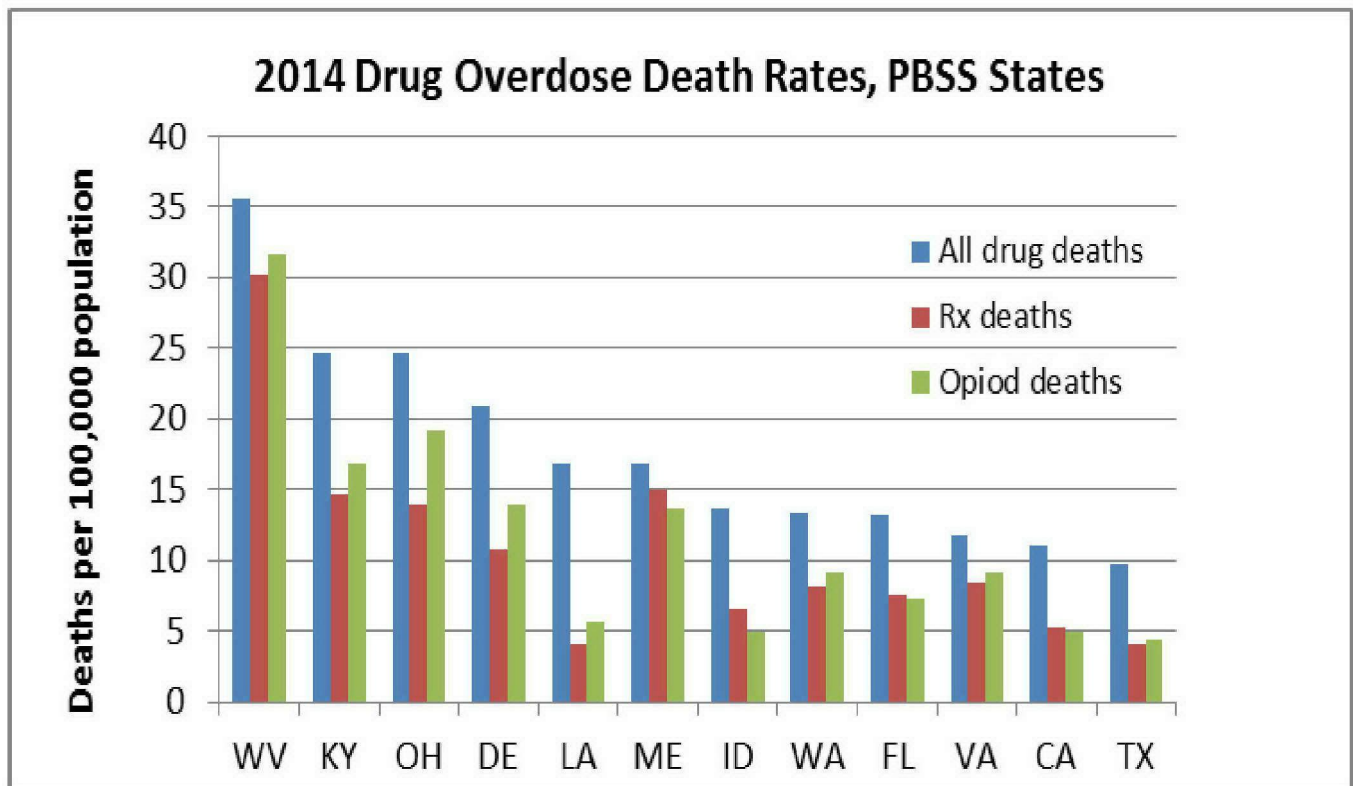
The West Virginia Board of Pharmacy and the CSMP has recently been involved with two federal grants. A SAMSHA grant, which just ended this past September, primarily facilitated our interstate data sharing and also made CSMP access easier by incorporating into practitioner workflow. The SAMSHA grant allowed us to create our PMPi connection, as well as fund PMP interoperability projects with Kroger Pharmacy and Wheeling Hospital.

This past March, West Virginia received a CDC grant, which among other things, is intended to also facilitate CSMP use, as well as enhance and maximize our system capabilities, to analyze and evaluate existing policies designed to reduce prescription drug overdose morbidity and mortality and produce a plan for addressing these issues, including a comprehensive list of best practices. The CDC grant includes hiring an epidemiologist and a data analyst to assist the Board in the analyses.

## Other Initiatives

The new Morphine Equivalent Daily Dose (MEDD) component of the West Virginia Controlled Substances Monitoring Program (CSMP), will provide practitioners with a useful method for assessing a patient's current level of opioid intake. When a doctor or pharmacist obtains a patient CSMP report, it will now include the at-a-glance MEDD score. This score takes all of the various opioids that a patient is receiving, converts them to a common unit (milligrams of morphine), and calculates the amount that an individual is receiving daily. The WV Controlled Substances Monitoring Program, with the addition of this MEDD score, provides a convenient, state-of-the-art tool to help WV practitioners prevent adverse drug-related events such as substance abuse, diversion and overdose. Attorney General Patrick Morrisey's office provided funding for the MEDD system enhancement (\$40,000)

West Virginia is one of only twelve states that participate in the Prescription Behavior Surveillance System (PBSS) by sending de-identified PDMP data to and receiving reports from the Brandeis PDMP Center of Excellence (COE). The CDC and FDA fund the project through an agreement with the Bureau of Justice Assistance. States participating in PBSS can initiate their own data analysis and share reports with state and community prevention and treatment programs. As stated earlier, WV leads in drug overdose deaths among PBSS states (See Figure 14), but we are average to low in other indicators such as average MME's per prescription and patients receiving over 100 MME's daily (See Figures 15 & 16).



**Figure 14**



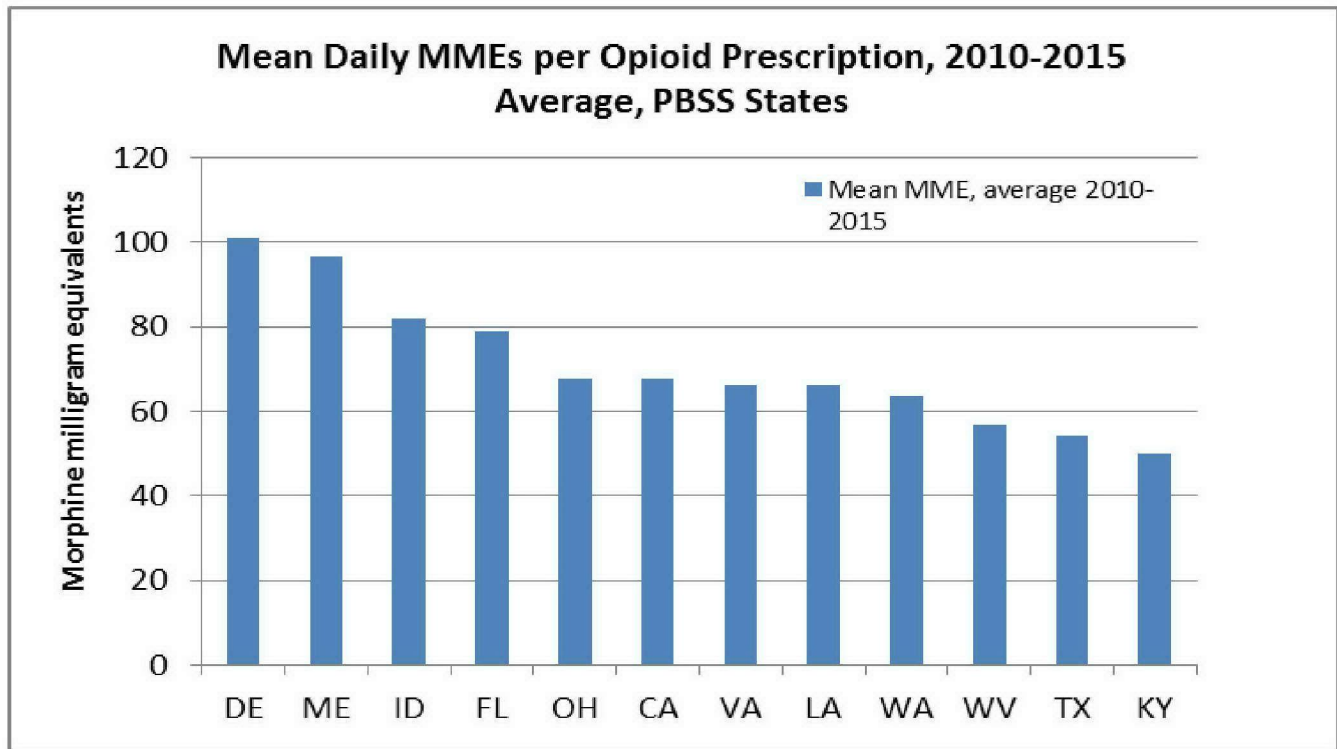


Figure 15

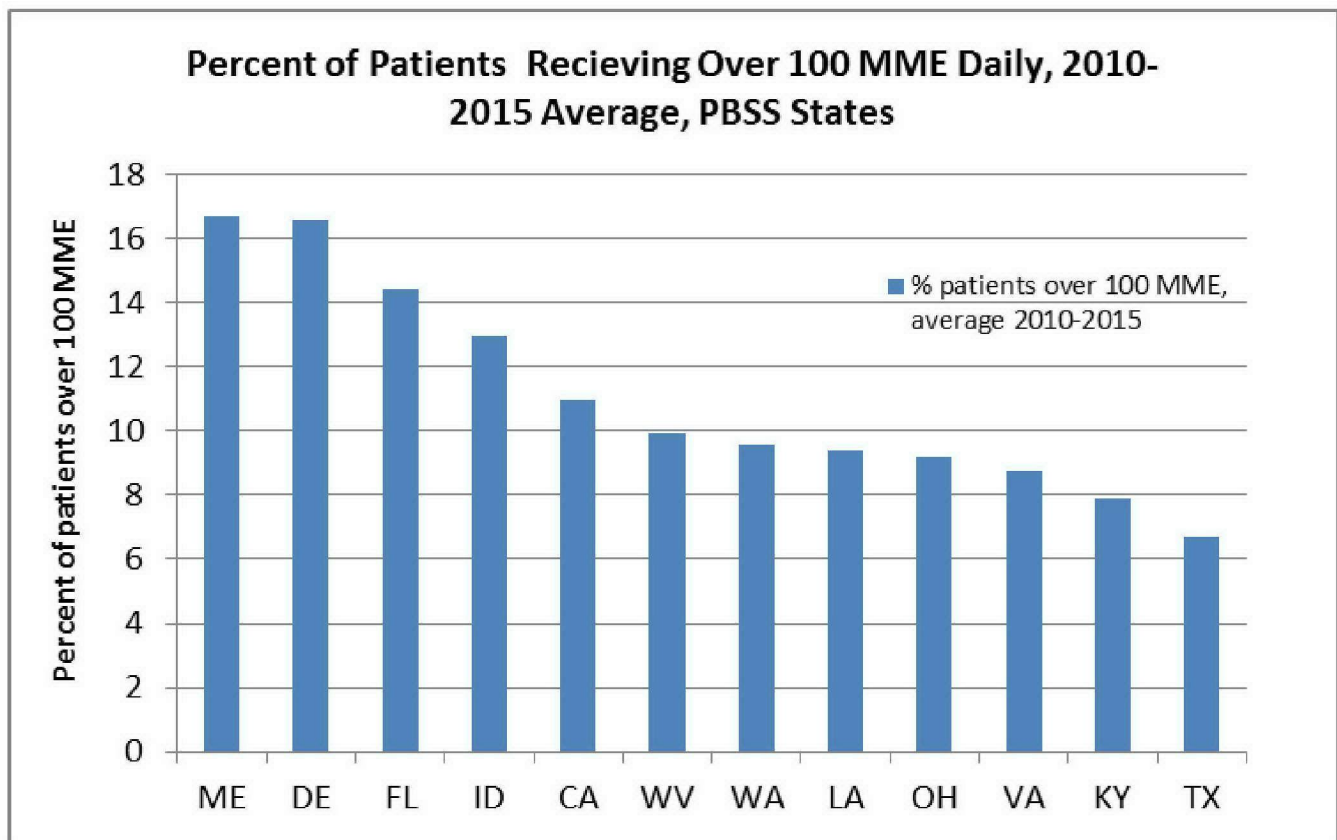
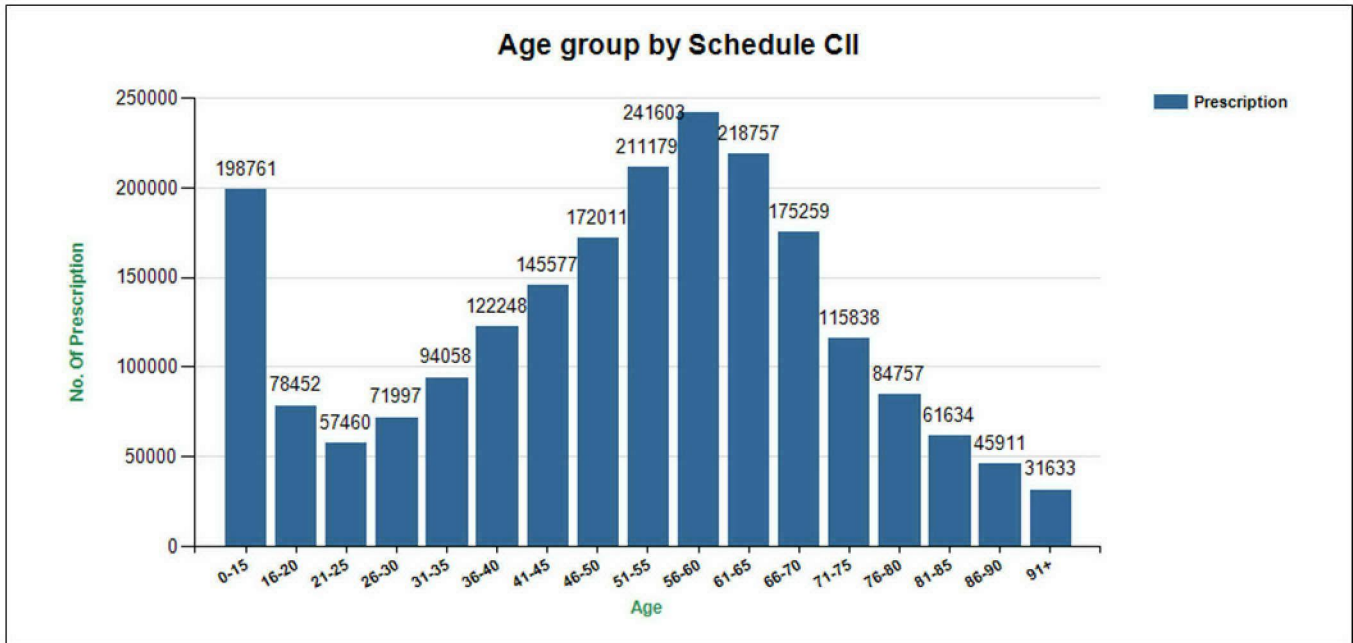
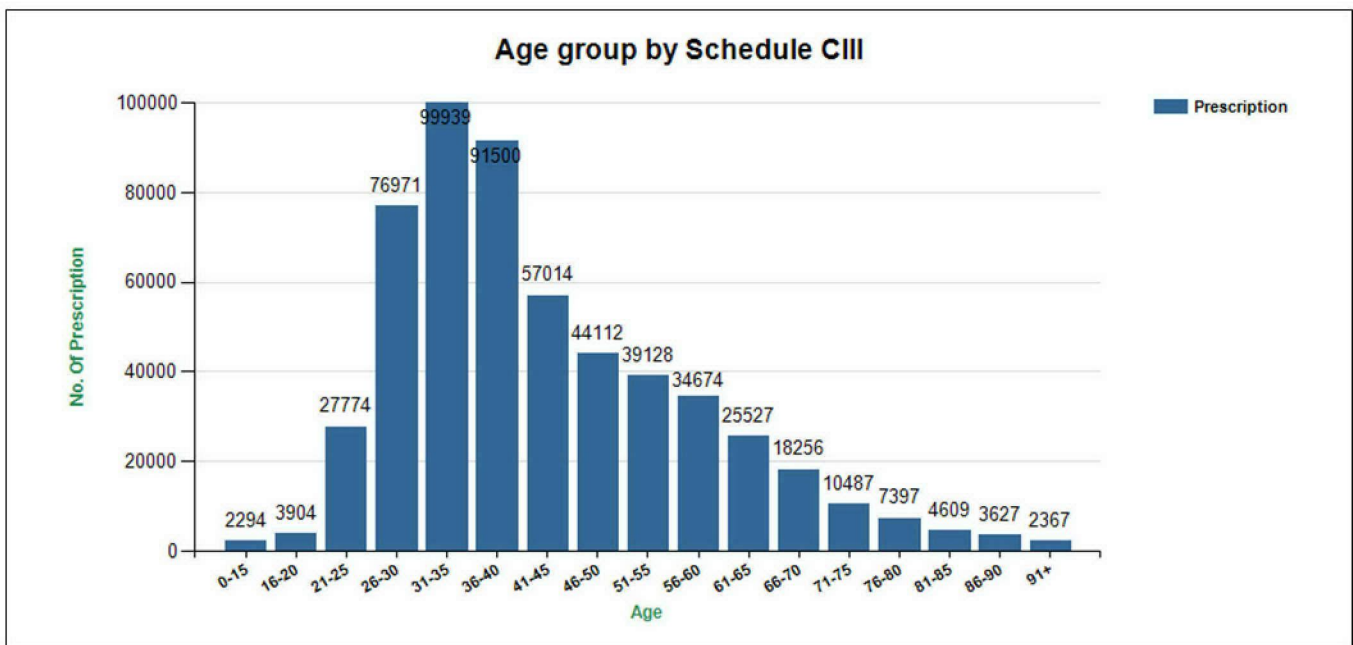


Figure 16

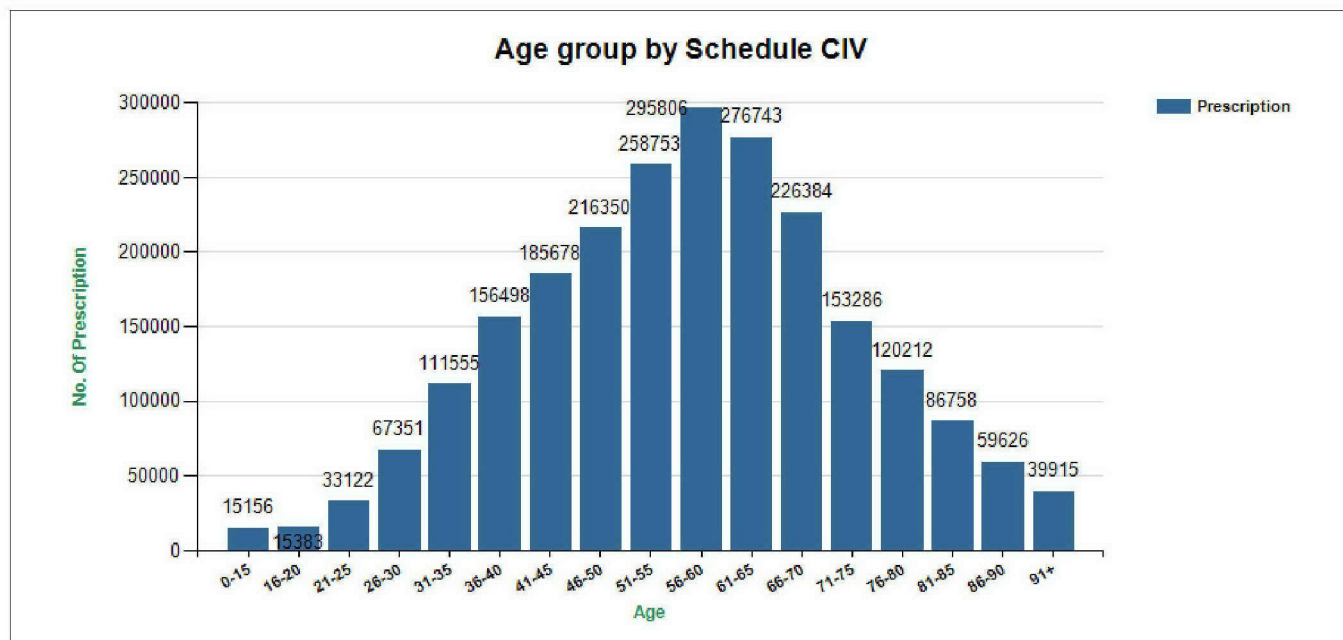
An inquiry was made recently regarding the age of patients receiving controlled substances. The age distribution dispensing data by schedule is listed in Figures 17, 18 & 19.



**Figure 17**



**Figure 18**

**Figure 19**